

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of _____

or _____

City of Globe Arizona

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163

County Registrar No. _____

Local Registrar No. 1512. Full name of child Henrietta Reneer

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child FemaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth July 23 - 1926
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name

Thomas Henry Reneer

14. MOTHER

Full maiden name

Pearl Vaughan

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

10. Color or race

White11. Age at last birthday 35 (Years)

16. Color or race

White17. Age at last birthday 39 (Years)

12. Birthplace (city or place)

(State or country)

Procheater Kentucky

18. Birthplace (city or place)

(State or country)

Kearney Nebraska

13. Occupation

Nature of Industry

Cattleman

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 3

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against op-
thalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 30 9 m. on the date above stated
(Born alive or stillborn.)Signature Dr. E. Hunter

(Physician or midwife).

Address _____

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Filed 7-31, 1926

Filed _____, 19 _____

Registrar

Local Registrar, M. H. Horst

County Registrar.

899-723-755